

EXHIBIT A

CHARGE OF DISCRIMINATION

This form is affected by the Privacy Act of 1974; See Privacy Act Statement before completing this form.

AGENCY
☐ FEPA
☒ EEOC

CHARGE NUMBER
 Page 2 of 4

and EEOC

State or local Agency, if any

NAME (Indicate Mr., Ms., Mrs.)
 Ms. Nicole Taylor Reed

HOME TELEPHONE (include area code)
 (334)281-3924 cell: 328-0445

STREET ADDRESS
 1148 Barley Dr.

CITY, STATE AND ZIP CODE
 Montgomery, AL 36111

DATE OF BIRTH
 11-7-81

NAMED IS THE EMPLOYER, LABOR ORGANIZATION, EMPLOYMENT AGENCY, APPRENTICESHIP COMMITTEE, STATE OR LOCAL GOVERNMENT AGENCY WHO DISCRIMINATED AGAINST ME (If more than one list below)

NAME
 Big Lots Stores, Inc.

NUMBER OF EMPLOYEES, MEMBERS
 Over 500

TELEPHONE (include Area Code)
 (614)278-6800

STREET ADDRESS
 300 Phillipi Road

CITY, STATE AND ZIP CODE
 Columbus, Ohio 43228

COUNTY
 Franklin

NAME

TELEPHONE NUMBER (include Area Code)

STREET ADDRESS

CITY, STATE AND ZIP CODE

COUNTY

CAUSE OF DISCRIMINATION BASED ON (Check appropriate box(es))

☒ RACE ☐ COLOR ☐ SEX ☐ RELIGION ☐ AGE
☐ RETALIATION ☐ NATIONAL ORIGIN ☐ DISABILITY ☐ OTHER (Specify)

DATE DISCRIMINATION TOOK PLACE
 EARLIEST LATEST
 March 28-30, 2005
☒ CONTINUING ACTION

THE PARTICULARS ARE (If additional paper is needed, attach extra sheet(s)):

See attached exhibits A and B.

I want this charge filed with both the EEOC and the State or local Agency, if any. I will advise the agencies if I change my address or telephone number and I will cooperate fully with them in the processing of my charge in accordance with their procedures.

NOTE: (When necessary for State and Local Requirements)
 I swear or affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief.

I declare under penalty of perjury that the foregoing is true and correct.

9-16-2005
 Date

Nicole S Reed
 Charging Party (Signature)

SIGNATURE OF COMPLAINANT
 Nicole S Reed

SWORN AND SHOWN TO ME ON THIS DATE
 (DAY, MONTH, AND YEAR)
 March 10, 2005
 Martha Derby Warren
 State of Ala. at Lingle
 my Commission expires
 12-10-05

UNITED STATES DISTRICT COURT

District of _____

Plaintiff

V.

Defendant

APPLICATION TO PROCEED
WITHOUT PREPAYMENT OF
FEES AND AFFIDAVIT

CASE NUMBER: _____

I, Nicole Taylor Reed declare that I am the (check appropriate box)
☒ petitioner/plaintiff/movant ☐ other

In the above-entitled proceeding; that in support of my request to proceed without prepayment of fees or costs under 28 USC §1915 I declare that I am unable to pay the costs of these proceedings and that I am entitled to the relief sought in the complaint/petition/motion.

In support of this application, I answer the following questions under penalty of perjury:

1. Are you currently incarcerated? ☐ Yes ☒ No (If "No," go to Part 2)

If "Yes," state the place of your incarceration _____

Are you employed at the institution? _____ Do you receive any payment from the institution? _____

Attach a ledger sheet from the institution(s) of your incarceration showing at least the past six months' transactions.

2. Are you currently employed? ☐ Yes ☒ No

a. If the answer is "Yes," state the amount of your take-home salary or wages and pay period and give the name and address of your employer.

b. If the answer is "No," state the date of your last employment, the amount of your take-home salary or wages and pay period and the name and address of your last employer. January 10, 2006

Biglols
2885 E Blvd
Mont. AL 36116

Salary \$60.00 a week

3. In the past 12 months have you received any money from any of the following sources?

a. Business, profession or other self-employment	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Rent payments, interest or dividends	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
c. Pensions, annuities or life insurance payments	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
d. Disability or workers compensation payments	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
e. Gifts or inheritances	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
f. Any other sources	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

If the answer to any of the above is "Yes," describe, on the following page, each source of money and state the amount received and what you expect you will continue to receive.

J 240 Reverse (Rev. 10/03)

Self-employment: Vending, pre-paid legal service
\$20 a week \$300 a month

Husband's Help
\$150 a month

4. Do you have any cash or checking or savings accounts?

☒ Yes☐ No

If "Yes," state the total amount. \$23.00

5. Do you own any real estate, stocks, bonds, securities, other financial instruments, automobiles or any other thing of value? ☒ Yes ☐ No

If "Yes," describe the property and state its value.

Car: Volkswagen Beetle
Value \$10,000

6. List the persons who are dependent on you for support, state your relationship to each person and indicate how much you contribute to their support.

I declare under penalty of perjury that the above information is true and correct.

4/26/06
Date

Michael J. LaRue
Signature of Applicant

NOTICE TO PRISONER: A Prisoner seeking to proceed without prepayment of fees shall submit an affidavit stating all assets. In addition, a prisoner must attach a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months in your institutional accounts. If you have multiple accounts, perhaps because you have been in multiple institutions, attach one certified statement of each account.